

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO.
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH DAY 12/11/14 THA		TIME: MILITARY 1215		
CRASH OCCURRED ON				McDonalds Lot		WITHIN THE INTERSECTION OF						
IF NOT IN INTERSECTION				N MILES FEET W S E OF		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE		
LOG-1		LOG-2		LOC JUR FH9 FILT								
A	UNIT NO.	NO OF OCCUPANTS		1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		Encompass		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				Miller, Dawn		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)				608 Katherine Lebanon OH 45036		
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.		STATE DRIVER'S LICENSE NO. OCCUPATION		
513-383-2025		3/10/83		31		F				OH RX329007		
OWNER (IF SAME AS DRIVER, WRITE SAME)				Matthew Miller		ADDRESS				Same		
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE LICENSE PLATE NO. TOWING SERVICE VEH/PED DIR		
13		Chrys		SW		Blue		SW		OH GAH7239		
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
8		UNIT NO.		NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT		Grange		
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				Wheaton, Sally		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)				404 W. Main Leesburg OH 45135		
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.		STATE DRIVER'S LICENSE NO. OCCUPATION		
937-780-4483		3/26/55		59		F				OH RP758977		
OWNER (IF SAME AS DRIVER, WRITE SAME)				Same		ADDRESS				Same		
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE LICENSE PLATE NO. TOWING SERVICE VEH/PED DIR		
12		Chevy		SW		Blk		SW		OH FTZ6714		
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
C		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		
						m d y				A B C D E F		
				ADDRESS		PHONE		SEX		A B C D E F		
D		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		INJURIES		
						m d y				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED		
				ADDRESS		PHONE		SEX		CONDITION		
										A B C D E F		
E		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		P-PEDESTRIAN		
						m d y				1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		
				ADDRESS		PHONE		SEX		RESTRAINTS		
										A B C D E F		
F		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		ALCOHOL		
						m d y				A B C D E F		
				ADDRESS		PHONE		SEX		A B C D E F		
										1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		
A B C		INJURED TAKEN TO		By		A B C D E F		A B C D E F		TESTED		
D E F		INJURED TAKEN TO		By		A B C D E F		A B C D E F		TESTED		
A B C		INJURED TAKEN TO		By		A B C D E F		A B C D E F		TESTED		
D E F		INJURED TAKEN TO		By		A B C D E F		A B C D E F		TESTED		
A		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD		A B C D E F		A B C D E F		TESTED		
O		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD		A B C D E F		A B C D E F		TESTED		
RECEIVED CALL		DISPATCHED		ARRIVED		CLEARED		OTHER TIME		TOTAL MINUTES		
1206		1207		1210		1221		15		15		
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG		
12/11/14		YES NO		Morris		131						